UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	APR 1 1 2018 Page 1 of
Name RAY Hewry John SMUDA	SALIDATA Baytime Telephone	18 APR 18 PM 1: 29
New Member of or Candidate for State:	2 Check if Amendment	(Office Use Only)
STATUS New Officer or Employee S Employing Office:S	Staff Filer Type (If Applicable): Shared Principal Assistant toto	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	HOF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ugh the date of filing? Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No Search No Pr. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	portable agreement or arrangement with an ereporting period or in the current calendar Yes No Solution 1987 No Period or in the current calendar Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No
ATTACH THE CO	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO		TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded pendent child?	Have you excluded Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or lial exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	et all three tests for Yes . No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name PAY H. J. SANDMAN

Page of

					Examples:	7,8	\$	For bank and oth all interest-bear all interest-bear all interest-bear \$5,000, list ever more than \$1,000. For rental and oth provide a common and the second and the secon	For all IRAs 401(k) plans) i the account the	and (b) any other reports which generated more income during the year. Provide complete name (do not use only ticker s	Identify (a) e	Assets	
					1	Mega Corp Stock	印	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second forms and vacation homes (unless there was rental income during the reporting period); and any financial increst in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	exceeding a low at the end or the reporting benod, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	dentify (a) each asset held for investment or production of income and with a fair market value	Assets and/or Income Sources	
					1	_		None >	7				
							T	\$1-\$1,000 &		specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please		
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				Partnership Income	Royaties			TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Autrix, IrvA, or aze accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as	ro	
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								\$100,001\$1,000,000 X		nterest.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: RAY H.J SANDMAN

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SCHEDULE C - EARNED INCOME

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INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for **EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Cod 2)	Salary Spanish Spanish	\$20,000 \$0	\$76,000 \$1 000
Ontario County Board of Education	Spouse Salary	N/A	N/A

SCHEDULE D - LIABILITIES

Name:
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liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

			DC, JT		
		Example			
		First Bank of Wilmington, DE	Creditor NU		
		5/98	Date Liability Incurred MO/YR		
		Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	60	
			\$50,001- \$100,000	c	
		×	\$100,001- \$250,000	D	
			\$250,001- \$500,000	m	Amount of Liability
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	NOW Y	1011/8	Position Name of Organization
			n

SCHEDULE F - AGREEMENTS

Name: SAY H. T SANDARA Page___of__

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
	M W	
	V	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clier customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by th government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	•		
Ì.		Source (Name and City/State)	Brief Description of Duties
	Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
			116

Name: RAV H. T. SALBANGE Page_

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		W	N	1				NOTE NUMBER
	NO Debts= House a poil of also curs=	U.A. Disability = \$136\$ per month =	SOCIAL SECURITY# 1891% PER MONTY	Pension is 1400° A month (PERA)	Benefit .	Pension, and Social Security & V.A. Sisability	The only income & have is grow my	NOTES

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

LEGISLATIVE RESOURCE CERTES

Indicate Your Status: (Select One)

Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

	Withdrawal
	of Candidacy

This is to notify you that under the laws of the state of	,
I withdrew my candidacy for the U.S. House of Representatives on	

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Piease Print or Type): RAY HENRY JOHN SANDONAN

State: None sotia District: 8th

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-666